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Description	PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL		
MAIN DECKY MODIFIANDER MAIN DECKY MODIFIAND MAIN DECKY MODI	NUMBER	PROVIDER NAME			DESCRIPTION				
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141700 14170	3404901		8505	48					
		H/DD/SAS			NI BUDGEI				
			8800	1		0	49	50	1
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10 10 10 10 10 10 10 10					FOTORE RA 3.				
10 10 10 10 10 10 10 10	3404904	WESTERN HIGHLAN	8599	1467					
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ACTION A					BENEFIT PACKAGE.				
ACTION A			11	1108	CLIENT NOT ELIGIBLE ON SERVICE	308	3886	11439	7553
ANDREAD AGENTS WITH A STATE OF THE STATE AND A STATE OF ANDREAD TO THE STATE AND A STATE OF ANDREAD ATTENDED TO THE STATE AND A STATE OF ANDREAD ATTENDED TO THE STATE AND A STATE OF ANDREAD ATTENDED TO THE STATE AND A STATE OF ANDREAD ATTENDED TO THE STATE AND A STATE OF ANDREAD ATTENDED TO THE STATE AND A STATE AND						300	3000	11433	7555
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#04997 BYTHERFORD-FOLK 0 0 0 *** NO DATA TO REPORT *** 104990 0 0 0 0 0 0 0 0 0						 			
#04910 PATRIANS			0	0		0	0	0	0
#04910 PATRIANS									
#04910 PATRIANS	3404907		0	0	*** NO DATA TO REPORT ***				
### STATE OF THE BUILDING PROVIDE 1 5196 7839 264	3404307	RUTHERFORD-POLK			NO BILL TO REPORT				
### STATE OF THE BUILDING PROVIDE 1 5196 7839 264									
### STATE OF THE BUILDING PROVIDE 1 5196 7839 264									
### STATE OF THE BUILDING PROVIDE 1 5196 7839 264			0	0		0	0	0	0
### STATE OF THE BUILDING PROVIDE 1 5196 7839 264									
1	3404910	PATHWAYS	8505	3712	CLAIM DENIED DUE TO INSUFFICIE				
					NT BUDGET				
			8329	905	CLAIM DENIED ATTENDING PROVIDE	1	5196	7839	2642
							3130	7033	2012
ION OF RECIPIENT, PROVIDER AND					THE LMA				
ION OF RECIPIENT, PROVIDER AND			0500	225	DEBATT NOW COMPANY OF COMPANY				
#04912 CATAMBA COUNTYM 8931 83 AMTNC INELIGIBLE TO RECEIVE SE ENTAL MEALT #0599 50 DETAIL NOT COVERED BY COMBINAT 100 OF RECIPIENT, PROVIDER AND #06913 DIAGNOSIS CODE MISSING OR INVA 1010. VERITY PACKAGE. #06913 MCCKLENBURG COM 191 119 CLIENT ID NUMBER DOES NOT MATC #070 BY APTIENT NAME #070 BY APTIENT DEVON #070 BY APTIENT DEVON #070 BY APTIENT DEVON #071 BY APTIENT DEVON #072 BY APTIENT DEVON #073 BY APTIENT DEVON #074 BY APTIENT DEVON #075 BY APTIENT DEVON #077 BY APT			6399	213					
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ENTAL REALT NVICES IN 1PRS.									
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SENEFIT FACKAGE.			8599	50		97	202	1583	1381
27 23 DIAGNOSIS CODE MISSING OR INVA LLD. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB 409913 MECKLENBURG COM 191 119 CLIENT ID NUMBER DOES NOT MATC ENTAL HEALT H PATIENT NAME 8329 11 CLIAND DENIED ATTENDING PROVIDE O 130 130 R CANNOT BE THE SAME AS THE IMA FILING TIMELIMIT. JULY VIORAL HEAL 9518 65 CLAIM DENIED, SUBMITTED BEYON VIORAL HEAL 9518 65 CLAIM DENIED, SUBMITTED BEYON FILING TIMELIMIT. MAY AND JUNED DOS MUST BE SUBMITTED BY 1 STRUCKH ABRIL DOS MUST BE SUBMITTED BY 9518 65 CLAIM DENIED, SUBMITTED BY 1 SSP9 58 DETAIL NOT COVERED BY COMBINAT ION OF RECEPTEMY, PROVIDER AND						1			
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RYAL HEALT	3404913	MECKLENBURG COM	191	119	CLIENT ID NUMBER DOES NOT MATC				
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JUNE DOS MUST BE SUBMITTED BY 8599 58 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND			8518	65	CLAIM DENIED, SUBMITTED BEYOND	1	477	4883	4406
S599 58 DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND									
ION OF RECIPIENT, PROVIDER AND					JUNE DOS MUST BE SUBMITTED BY	1			
ION OF RECIPIENT, PROVIDER AND			8599	58	DETAIL NOT COVERED BY COMBINAT	-			
BENEFIT PACKAGE.						1			
					BENEFIT PACKAGE.				
						1			

		HTOH DENTS	WWWDED OF		ļ		TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM	21	3852	DUPLICATE OF CLAIM-SYSTEM				
	AN SERVICES							
		0000	470	DEMANT, NOW COMPANIE				
		8599	479	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	449	5271	7499	2228
				BENEFIT PACKAGE.				
		8931	371	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404918	ROCKINGHAM CO M	8599	158	DETAIL NOT COVERED BY COMBINAT				
3101310	ENTAL HEALT	0333	130	ION OF RECIPIENT, PROVIDER AND				
	ENIAL REALI			BENEFIT PACKAGE.				
		8935	78	ASTNC INELIGIBLE TO RECEIVE SE	97	396	4413	3979
				RVICES IN IPRS.				
		8518	70	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404919	GUILFORD CO MEN	8599	59	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1			
				BENEFIT PACKAGE.				
		8621	32	60 RESIDENTIAL LEVEL III TREAT		122	4296	4174
				MENT RECEIVED, PA IS REQUIRED	,	122	1290	41/4
				FOR ADDITIONAL SERVICE.				
		8622	20	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.				
3404920	ALAMANCE CASWEL	8505	2458	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE	3	2462	3121	659
				RVICES IN IPRS.				
		8599	1	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404921	ORANGE PERSON C	8599	318	DETAIL NOT COVERED BY COMBINAT				
3404921	ORANGE PERSON C HATHAM AREA	8599	318	ION OF RECIPIENT, PROVIDER AND				
3404921		8599	318					
3404921		8599	318	ION OF RECIPIENT, PROVIDER AND	36	1284	6683	5317
3404921				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	36	1284	6683	5317
3404921				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	36	1284	6683	5317
3404921		21	230	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	36	1284	6683	5317
3404921				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE	36	1284	6683	5317
3404921		21	230	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	36	1284	6683	5317
3404921		21	230	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE	36	1284	6683	5317
3404921	HATHAM AREA	21	230	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE	36	1284	6683	5317
		21 5312	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED	36	1284	6683	5317
	HATHAM AREA THE DURHAM CENT	21 5312	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE	36	1284	6683	5317
	HATHAM AREA THE DURHAM CENT	5312	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE	36			
	HATHAM AREA THE DURHAM CENT	21 5312	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE	36	1284	6683	
	HATHAM AREA THE DURHAM CENT	5312	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE	36			
	HATHAM AREA THE DURHAM CENT	5312	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE	36			
	HATHAM AREA THE DURHAM CENT	5312	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE	36			
	HATHAM AREA THE DURHAM CENT	5312	230	CON OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM	36			
	HATHAM AREA THE DURHAM CENT	5312	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE	36			
3404922	HATHAM AREA THE DURHAM CENT ER	21 5312 11 21 8931	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.	1			
3404922	HATHAM AREA THE DURHAM CENT ER VGFW AREA AUTHO	5312	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IFFS.	36			
	HATHAM AREA THE DURHAM CENT ER	21 5312 11 21 8931	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.	1			
3404922	HATHAM AREA THE DURHAM CENT ER VGFW AREA AUTHO	21 5312 11 21 8931	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IFFS.	1			
3404922	HATHAM AREA THE DURHAM CENT ER VGFW AREA AUTHO	21 5312 11 21 8931	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IFFS.	1		76	15
3404922	HATHAM AREA THE DURHAM CENT ER VGFW AREA AUTHO	21 5312 11 21 21 8931	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. NO RATE AVAILABLE ON FILE TO F RICE THIS CLAIM DETAIL	1	61		
3404922	HATHAM AREA THE DURHAM CENT ER VGFW AREA AUTHO	21 5312 11 21 21 8931	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL SEVERE DUPLICATE: SAME ATTO PR	1	61	76	15
3404922	HATHAM AREA THE DURHAM CENT ER VGFW AREA AUTHO	21 5312 11 11 21 8931 8000	230 176 40 20 1	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE EVICES IN IPRS. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	1	61	76	15
3404922	HATHAM AREA THE DURHAM CENT ER VGFW AREA AUTHO	21 5312 11 21 21 8931	230	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMYNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL SEVERE DUPLICATE; SAME ATTO PR OV/FCODE/TOS/DOS/MOD DETAIL NOT COVERED BY COMBINAT	1	61	76	15
3404922	HATHAM AREA THE DURHAM CENT ER VGFW AREA AUTHO	21 5312 11 11 21 8931 8000	230 176 40 20 1	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE EVICES IN IPRS. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	1	61	76	15

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	+	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	21	1168	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		0505	1004					
		8505	1064	CLAIM DENIED DUE TO INSUFFICIE	50	3461	4375	914
				NT BUDGET				
		120	473	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404926	SOUTHEASTERN RE G MENTAL HL	11	634	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	151	DETAIL NOT COVERED BY COMBINAT				
		0399	131	ION OF RECIPIENT, PROVIDER AND	99	1304	4485	3181
				BENEFIT PACKAGE.				
		120	116	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404927	CUMBERLAND CO M	8505	3015	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8599	112	DETAIL NOT COVERED BY COMBINAT	0	3311	4695	1384
				ION OF RECIPIENT, PROVIDER AND				
	1		1	BENEFIT PACKAGE.	4			ļ
		0000	87	PURPLED PROGRATIVE MEGRANDY				
		8800	0 /	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
				TOTOM AT U.				
3404929	LEE HARNETT MH/	21	803	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							
	DD/ SAS							
		8599	64	DETAIL NOT COVERED BY COMBINAT	0	1017	2165	1088
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	37	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404930		11	2	CLIENT NOT ELIGIBLE ON SERVICE				
2404320	JOHNSTON COUNTY	11	,	DATE				
	MNTL HLTHC			MA 1 4 M				
		0	0		0	7	7	
3404931	WAKE CO HUM SVC	8518	476	CLAIM DENIED, SUBMITTED BEYOND				
	BILLING OF			FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
			100					
	1	11	413	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	891	944	53
			1	MARKET TO THE PARTY OF THE PART	+	 		-
			1		+	 		-
	-	8931	1	AMTNC INELIGIBLE TO RECEIVE SE		 		
	+		1	RVICES IN IPRS.	+	 		
	+		1	+	+	 		
			1					
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
			1					
		U	U		0	0	0	C
	1		1		4			ļ
3404933		11	128	CLIENT NOT ELIGIBLE ON SERVICE	+	-		
2404233	SOUTHEASTERN CT	**	140	DATE	+	 		-
	R FOR MH/DD		+	-		 		
	+	+	1		+			
	+	8599	64	DETAIL NOT COVERED BY COMBINAT	-	235	1000	0.5
	+		+	ION OF RECIPIENT, PROVIDER AND	1	235	1191	956
			1	BENEFIT PACKAGE.		 		
			1	+				
	<u>i</u>	E 4 0 4	13	SEVERE DUPLICATE: SAME ATTO PR	1			
		5404						
		3404	1.0	OV/PCODE/TOS/DOS/MOD				
		3404						

DDOUTER		UTCU DENTAT	NUMBER OF				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLOW COUNTY B	21	80	DUPLICATE OF CLAIM-SYSTEM				
	EHAVIORAL H							
		8599	38	DETAIL NOT COVERED BY COMBINAT	2	262	2182	1920
				ION OF RECIPIENT, PROVIDER AND		202	2102	1320
				BENEFIT PACKAGE.				
		0.0	2.0					
		11	30	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				MAAN MAAN MAAN MAAN MAAN MAAN MAAN MAAN				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
							·	
3404936	WILSON-GREENE M	21	23	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE	10	46	2374	2328
		<u> </u>		RVICES IN IPRS.				
					-			
		0500	6	DETAIL NOT COURDED BY COURTER				
		8599	0	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.	 			
3404937	EDGECOMBE NASH	8505	24	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTH C			NT BUDGET				
		21	12	DUPLICATE OF CLAIM-SYSTEM		46	1191	1145
					4	46	1191	1145
		8932	3	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404938	VGFW DBA RIVERS	24	37	PROCEDURE CODE, PROCEDURE/MODI				
	TONE COUNSE			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8599	33	DETAIL NOT COVERED BY COMBINAT				
		0333	33	ION OF RECIPIENT, PROVIDER AND	18	92	2561	2469
				BENEFIT PACKAGE.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404939	NEUSE MENTAL HE	8599	431	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.	1			
		0220	222	CLAIM DENIED APPENDING PROVIDE				
		8329	322	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	11	922	3959	3037
				THE LMA	1			
					1			
		8000	113	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
		1						
3404941	PITT CO MH/DD/S	21	337	DUPLICATE OF CLAIM-SYSTEM	 			
	AS CENTER							
	AS CENTER							ı —
	AS CENTER	0.00						
	AS CENTER	8599	80	DETAIL NOT COVERED BY COMBINAT	52	631	1673	1042
	NO CENTER	8599	80	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	52	631	1673	1042
	Pro CENTER	8599	80	ION OF RECIPIENT, PROVIDER AND	52	631	1673	1042
	nd Center	8599	80	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	52	631	1673	1042
	nd Carrier			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	52	631	1673	1042
	AND VERVERN			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	52	631	1673	1042
3404942		11	61	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	52	631	1673	1042
3404942	ROANOKE CHOWANH			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, SUBMITTED BEYOND	52	631	1673	1042
3404942		11	61	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	52	631	1673	1042
3404942	ROANOKE CHOWANH	11	61	ION OF RECIPIENT, PROVIDER AND BENETIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	52	631	1673	1042
3404942	ROANOKE CHOWANH	11	61	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND	52	631		
3404942	ROANOKE CHOWANH	11 8518	61	ION OF RECIPIENT, PROVIDER AND BENETIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	52			1042
3404942	ROANOKE CHOWANH	11 8518	61	ION OF RECIPIENT, PROVIDER AND BENETIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	52			
3404942	ROANOKE CHOWANH	11 8518	61	ION OF RECIPIENT, PROVIDER AND BENETIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	52			
3404942	ROANOKE CHOWANH	11 8518	61	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY DUPLICATE OF CLAIM-SYSTEM	52			
3404942	ROANOKE CHOWANH	11 8518	61	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTD PR	52			

							TOTAL	TOTAL
PROVIDER	_	HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS		FINALIZED	PAID
	PROVIDER NAME				DENTALS	DENTALS	FINADIZED	FAID
3404943	ALBEMARLE MENTA	11	50	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
	E HEADIN CE							
	_							
		8931	23	AMTNC INELIGIBLE TO RECEIVE SE	32	184	1081	897
	_			RVICES IN IPRS.		101	1001	031
	_							
	_							
		191	23	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404944	EASTPOINTE HUMA	8599	148	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
	N SERVICES			BENEFIT PACKAGE.				
	+							-
	+	8931	55	AMTNC INELIGIBLE TO RECEIVE SE	59	322	1985	1663
	+			RVICES IN IPRS.	39	322	1900	1003
	+							-
	+	8505	3.8	CLAIM DENIED DUE TO INSUFFICIE				-
				NT BUDGET				
	_							
	_							
3404946		8599	79	DETAIL NOT COVERED BY COMBINAT				
	FOOTHILLS AREAM ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				-
	ENTAL HEALT			BENEFIT PACKAGE.				
				Date I I I I I I I I I I I I I I I I I I I				
	+	0	0			79		_
		, and the second			0	79	82	3
3404957		8000	67	NO RATE AVAILABLE ON FILE TO P				-
3404337	TIDELAND MENTAL	0000	07	RICE THIS CLAIM DETAIL				-
	HEALTH CTR			RICE INIS CORIN DEIRIE				
		8599	Q	DETAIL NOT COVERED BY COMBINAT				-
		0399	9	ION OF RECIPIENT, PROVIDER AND	3	88	368	280
				BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
		11	0	CLIENT NOT ELIGIBLE ON SERVICE				
		11	0					
				DATE				
	+				1			
3404979		11	478	CLIENT NOT ELIGIBLE ON SERVICE				
2404313	NEW RIVER AREAM	11	4.0					
	H/DD/SA PRO			DATE				
								_
		0021	115	AMBUG THEFT COTOLS BO DECETIF OF				
		8931	115	AMTNC INELIGIBLE TO RECEIVE SE	130	807	4896	4089
				RVICES IN IPRS.				
								<u> </u>
		8599	78	DETAIL NOT COVERED BY COMBINAT				L
				ION OF RECIPIENT, PROVIDER AND				L
				BENEFIT PACKAGE.				